eCHN Portal Access Application Form

Form E: eReferral Client or User Registration

Version 2.4 (November 14, 2018)

Application Form Instructions

This form initiates the application process for healthcare practitioners and their authorized delegates to access the eCHN Portal for the purpose of using the eReferral Gateway. The eReferral Gateway permits access to an external patient referral application ("External Referral Application") maintained by a hospital wishing to receive patient referrals electronically ("eReferral Hospital").

Please note: eCHN will share the registration details provided on this form with third party eReferral Hospitals to facilitate a seamless referral experience.

EACH APPLICANT MUST COMPLETE A **SEPARATE APPLICATION** IN ORDER TO HAVE AN INDIVIDUAL ACCOUNT WITH eCHN TO ACCESS THE eREFERRAL GATEWAY.

IF YOU ARE A NEW **HEALTHCARE PRACTITIONER APPLICANT**, PLEASE FILL OUT **PARTS 1 AND 2 ONLY** TO APPLY FOR ACCESS AS AN eREFERRAL CLIENT.

IF YOU ARE A NEW ADMINISTRATIVE STAFF APPLICANT, PLEASE FILL OUT **PART 3 ONLY** TO APPLY FOR DELEGATED ACCESS AS AN AUTHORIZED USER AND HAVE THE AUTHORIZING HEALTHCARE PRACTITIONER FILL OUT **PART 4 ONLY**.

NOTE: Upon approval of your application, eCHN will issue login credentials. The first time you login, you must execute an online agreement containing the eCHN eReferral Terms and Conditions.

NOTE: Before an authorized User can access eReferral Gateway, the authorizing eReferral Client must also delegate referral rights online within the eCHN Portal.

NOTE: If you are applying for access to eCHN eReferral from outside of Ontario, your use of eCHN eReferral must comply with the privacy legislation in your province that protects personal health information and limits its collection, use and disclosure. For further clarity, by agreeing to the eCHN Terms & Conditions referenced above, where obligations under Ontario privacy legislation are referenced therein, you are required to comply with the equivalent obligations under the privacy legislation in your province.

Submit your completed form to the eCHN Help Desk by fax: 416-813-8294 or email: helpdesk@echn.ca.

Part 1 – Healthcare Practitioner Applicant Information

Salutation: Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐	First Name	Last Name
Organization/Office Name		
Organization/Office Address (Street)	City and Province	Postal Code
Business Telephone *(incl. Extension)*	Business E-mail	
Please indicate your Job Title:		

Please indicate your professional healthcare designation:

College: _____ License #: _____

Part 2 – Healthcare Practitioner Applicant Signature

As the person identified in Part 1, I confirm that the statements made in this eCHN Portal Access Application Form are true and correct. I acknowledge that I have read, understand and agree in my personal capacity to comply with the eCHN eReferral Terms and Conditions as they apply to me as an eReferral Client (as set out in the eReferral Terms and Conditions).

Applicant Signature | Date

User's College License Number

Part 3 –Administrative Staff Access (NOTE: The authorizing Healthcare Practitioner Applicant must delegate referral rights to Administrative Staff within the eCHN system).

Salutation: Dr. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms. ☐	First Name	Last Name

Organization/Office Name

Organization/Office Address (Street)	City and Province	Postal Code

Business Telephone *(incl. Extension)*	Business E-mail

Please indicate your Job Title:

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Applicant Signature | Date

Part 4 - Healthcare Practitioner Authorization of Administrative Staff Application

As the authorizing and referring licensed healthcare practitioner, I confirm that the statements made in this form are true and correct. I certify that the delegated User identified in Part 3 is authorized to act on my behalf with regard to the access and use of eCHN eReferral Portal, eReferral Gateway, and the External eReferral Application, for the purpose of the submission and management of patient referrals on my behalf. I take sole responsibility for my authorized User's access and use of the eCHN Portal, eReferral Gateway, External eReferral Application. I acknowledge that I have read, understand and agree in my personal capacity to comply with the eCHN eReferral Terms and Conditions as they apply to me as an eReferral Client (as set out in the eReferral Terms and Conditions).

Name (please print) | Date

Signature | College License Number.

Forward the application to:
eCHN Help Desk
Fax: 416-813-8294 or Email: helpdesk@echn.ca
If you have any question, please contact us at:
Phone: 416-813-7998, Toll Free: 1-877-252-9900

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Applicant Signature | Date

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Organization/Office Name

Organization/Office Address (Street)	City and Province	Postal Code

Business Telephone *(incl. Extension)*	Business E-mail

Please indicate your Job Title:

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